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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
09/403,085	01/07/2000	1641	1348	104560	3	28	1

25944
OLIFF & BERRIDGE, PLC
P.O. BOX 19928
ALEXANDRIA, VA 22320

CONFIRMATION NO. 6821

FILING RECEIPT



OC000000011484385

Date Mailed: 12/12/2003

Receipt is acknowledged of a CPA in this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

ABDELHAMID ELAISSARI, LYON, FRANCE;
DAVID DURACHER, SAINT NOM LA BRETECHE, FRANCE;
CHRISTIAN PICHOT, CORBAS, FRANCE;
FRANCOIS MALLET, VILLEURBANNE, FRANCE;
ARMELLE NOVELLI-ROUSSEAU, SEYSSINS, FRANCE;

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/FR98/00772 04/16/1998

Foreign Applications

FRANCE 97/04923 04/16/1997

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Bib Data Sheet

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APPLICANTS

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ARMELLE NOVELLE-ROUSSEAU, SEYSSINS, FRANCE;

** CONTINUING DATA ***** *gib*

This application is a 371 of PCT/FR98/00772 04/16/1998

** FOREIGN APPLICATIONS ***** *gib*

FRANCE 97/04923 04/16/1997

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/01/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 3	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>gib</i>	Initials <i>gib</i>		

ADDRESS

25944

TITLE

PROCESS FOR ISOLATING A TARGET BIOLOGICAL MATERIAL, CAPTURE PHASE, DETECTION PHASE AND REAGENT

FILING FEE RECEIVED 1348	FEEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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